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TRANSMITTAL FORM

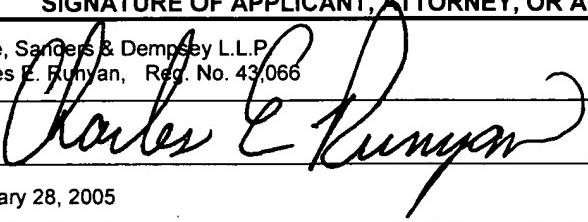
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM		Application Number	10/603,889
		Filing Date	June 25, 2003
		First Named Inventor	Syed F.A. Hossainy
		Group Art Unit	1762
		Examiner Name	Bret P. Chen
Total Number of Pages in This Submission	14	Attorney Docket Number	50623.257

ENCLOSURES (check all that apply)

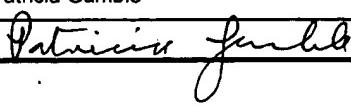
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input checked="" type="checkbox"/> Response (11 pages) <input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time (month) (in duplicate) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and ___ References <input checked="" type="checkbox"/> Express Mail Label No. EV 337 976 344 US <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) <input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Request for Status of Application <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

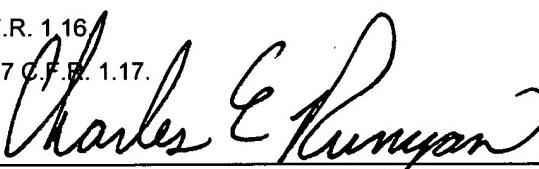
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Charles E. Runyan, Reg. No. 43,066
Signature	
Date	February 28, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail # EV 337 976 344 US in an envelope addressed to: Mail Stop Amendments, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: February 28, 2005

Typed or printed name	Patricia Gamble		
Signature		Date	February 28, 2005

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 50623.257
Applicant(s): Syed F.A. Hossainy et al.					
Serial No. 10/603,889	Filing Date June 25, 2003	Examiner Bret P. Chen		Group Art Unit 1762	
Invention: Fluid Treatment Of A Polymeric Coating On An Implantable Medical Device					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as show below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	34	34	0	X \$50.00	\$00.00
INDEP. CLAIMS	2	3	0	X \$200.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 07-1850 in the amount of \$00.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16 <input type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17					
Dated: February 28, 2005 Squire, Sanders & Dempsey L.L.P. 1 Maritime Plaza, Suite 300 San Francisco, CA 94111 (415) 954-0200			 Charles E. Runyan Reg. No. 43,066		
cc: Docket:					



PATENT
Attorney Docket No.: 50623.257

UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Syed F.A. Hossainy et al.	Examiner: Bret P. Chen
Serial No.: 10/603,889	Art Unit: 1762
Filed: June 25, 2003	
Title: Fluid Treatment Of A Polymeric Coating On An Implantable Medical Device	

Commissioner for Patents
USPTO
PO Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Examiner Chen:

This responds to the Office Action dated November 30, 2005.

Specification amendments begin at page 2.

Claim amendments begin at page 3.

Remarks begin at page 8.